

NORTHERN ILLINOIS UNIVERSITY

Accommodations and Modification for Elementary Students with
Special Needs

A Thesis Submitted to the

University Honors Program

In partial Fulfillment of the

Requirements for the Baccalaureate Degree

With Upper Division Honors

Department of

Teaching and Learning

By

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DeKalb, Illinois

May 2006

Table of Contents

- A. Proposal
- B. CapstoneApproval Page
- C. Thesis Abstract
- D. Thesis SubmissionForm
- E. Explanationof Project

- 1. ADD/ADHD
- 2. Aspergers Syndrome
- 3. Autism
- 4. Diabetes
- 5. EmotionalDisturbance
- 6. Hearing Impairment
- 7. LearningDisability
- 8. Mental Retardation
- 9. PhysicallImpairments
- 10. Traumatic Brain Injury
- 11. VisionImpairment

Cover Sheet

Melydi Wolfe

Student Name

[REDACTED]

Local Address

[REDACTED]

E-Mail Address

[REDACTED]

City, Zip

USE 497 P 1- Independent Study

Department and Course Number

[REDACTED]

Student Phone Number

Fall 2005

Semester of Registration

August 22, 2005

Date of Request

May 2006

Graduation Date

Signature Page

Melydi Wolfe
Student Signature

Student Social Security Number

Request Approved:

Printed Qe''' clu'''''',
FaCty. Capstone Advisor

[J,&t~~
Signature

Sept 1-05

Date of Acceptance by Faculty Capstone Advisor

Dr. Nina Dorsch

Printed Name of Department Chairperson

4/J;...IJ~

Signature

9/1/05

Acceptance by I

University Honors Program Director

Michael Martin

9/8/05

Date of Acceptance by Director

Proposal Requirements

1. Proposed title of your project! thesis (One to two lines)

I intend to entitle my project, "Accommodations and Modifications for Elementary Students with Special Needs."

2. The focus of the work proposed (One half to one page)

In less than one year I will be graduating from Northern Illinois University with a degree in Elementary Education. In order to better prepare myself as a future teacher I thought it would be beneficial for me to focus my capstone work on something that would benefit me in the long run. I plan to focus on various accommodations and modifications in the elementary school. By doing this I am not only preparing myself but can use my findings and research to successfully teach students. I plan to focus on twelve areas which include:

1. Learning Disabled
2. Behavior Disorder
3. Mental Retardation
4. Autism
5. TBI-Traumatic Brain Injury
6. Vision Impairment
7. Hearing Impairment
8. ADHD-Attention Deficit Hyperactivity Disorder
9. Physical Impairments
10. Diabetes
11. Asperger Syndrome

In each one of these area I plan to describe several areas I feel would be helpful when teaching anyone of these students in my classroom. The general layout of each of these sections would include:

1. A definition of the disability to help when identifying the student in question.
2. Teachers' ideas for inclusion in the classroom, which will be done through interviews.

3. Additional information about the area of study and a list of my references. i.e. teaching/learning styles, weakness/strength in subject area content.
4. Names of state agencies and organizations that would be beneficial to have when there are questions or concerns I need to contact someone about the student in the classroom.
5. A list of all my references used when researching the disability.

This topic is very important to me because I feel in order to teach a classroom full of students I need to not only be knowledgeable in the content area, but I also need to be knowledgeable when teaching students with learning disabilities. Each and every student does learn differently and by completing this capstone project with the above requirement set forth I feel I can and will better prepare myself to teach any student to my best ability.

3. References (Minimum of five maximum of twenty)

Bursuck, William, and Friend, Marilyn. (2002). *Including Students with Special Needs*.

Boston: Allyn and Bacon.

Conderman, Gregory, and Katsiyannis, Antonis. (1995, September). Section 504

Accommodation Plans. *Intervention in School and Clinic*, 42-45.

Jacobs, G. (2002). *The teacher's sourcebook for cooperative learning: practical*

techniques, basic principles, and frequently asked questions. California: Corwin Press.

Tomlinson, c.A., (2001). *How to differentiate instruction in mixed-ability classrooms*.

Virginia: ASCD.

Turnbull, Rud and Anna, and Shank, Marilyn, and Smith, Sean J. (2004). *Exceptional*

Lives Special Education in Today's Schools. New Jersey: Pearson Educational Inc.

Council for Exceptional Children. (2002, July). Information on Disabled and Gifted

Education, Retrieved August 1,2005, from <http://www.cec.sped.org/index.html>.

National Dissemination Center for Children with Disabilities. 2004. NICRCY's News,

Retrieved August 1,2005, from <http://www.nichy.org>.

4. Methodology of proposed study and a description of the research design (One half to one page)

Methodology

In order to effectively complete this project I plan to research books, the internet, as well as, interview several teachers to find out from first hand experience what works best in the classroom for students with any of these disabilities that is listed above. By researching through books, the internet, and experienced teachers it will allow me to better understand the area of study and grasp the thoughts and feelings both the teacher and student may be feeling at different times throughout the school day, which allows a future teacher like myself to understand and comprehend both sides of the spectrum. Most importantly, by researching these areas I feel I will be able to better identify and help students with the disabilities above in a more effective and thoughtful manner when I begin teaching students of my own.

Research Design

Through the use of books, the internet, and interviews I will then compile and design a three ring binder that will outline the twelve disabilities I am researching. There will be a table of contents for easy access to any of the disabilities. The table of contents will divide each of the twelve categories for quick and easy access to the

research. I will also include the information outlined during the interview with the experienced teachers at the end of the binder.

5. Timeline

Date	Completion
June 2005	Meet with Dr. Conderman to discuss requirements to capstone
August 26, 2005	Send Dr. Conderman a copy of proposal for additional thought, ideas, and then approval.
Week of August 29	Obtain signatures of required on signature page
Week of September 5	Turn in a copy of proposal for approval to begin work on project. Must be turned in by the fourth week of the semester (week of September 12, 2005).
After accepted approval: September	Begin work on project. Start with learning disabled-print internet research, look for articles, and books.
	Type up information such as: definition, important key notes, organizations. and references from research conducted thus far.
	Interview teacher(s) now with the knowledge obtained from previous research.
	Complete research for work done with learning disabilities.
	Meet with Dr. Conderman (schedule appointment by e-mail)
	2. EDIBD--print internet research, look for articles, and books.
	Type up information such as: definition, important key notes, organizations, and references from research conducted thus far.
	Interview teacher(s) now with the knowledge obtained from previous research.
	Complete research for work done with <i>EDIBD</i> .

	3. Mental Retardation-print internet research, look for articles, and books.
	Type up information such as: definition, important key notes, organizations, and references from research conducted thus far.
	Interview teacher(s) now with the knowledge obtained from previous research.
	Complete research for work done with mental retardation.
	4. Autism--print internet research, look for article, and books.
	Type up information such as: definition, important key notes, organizations, and references from research conducted thus far.
	Interview teacher(s) now with the knowledge obtained from previous research.
	Complete research for work done with autism.
October	5. TBI (Traumatic Brain Injury)-print internet research, look for articles, and books.
	Type up information such as: definition, important key notes, organizations, and references from research conducted thus far.
	Interview teacher(s) now with the knowledge obtained from previous research.
	Complete research for work done with TBT.
	6. Vision Impairment-print internet research, look for articles, and books.
	Type up information such as: definition, important key notes, organizations, and references from research conducted thus far.
	Interview teacher(s) now with the knowledge obtained from previous research.
	Complete research for work done with vision impairments,
	7. Hearing Impairment-print internet research, look for articles, and

	books.
	Type up information such as: definition, important key notes, organizations, and references from research conducted thus far.
	Interview teacher(s) now with the knowledge obtained from previous research.
	Complete research for work done with hearing impairments.
	8. ADD/ADHD-print internet research, look for articles, and books.
	Type up information such as: definition, important key notes, organizations, and references from research conducted thus far.
	Interview teacher(s) now with the knowledge obtained from previous research.
	Complete research for work done with ADD/ ADHD.
	9. Physical Impairments-print internet research, look for articles, and books.
	Type up information such as: definition, important key notes, organizations, and references from research conducted thus far.
	Interview teacher(s) now with the knowledge obtained from previous research.
	Complete research for work done with physical impairments.
Third week of October	Meet with Dr. Conderman to review work from rough draft.
November	Submit rough draft to Honors Office by end of the first week in November!!!!!!
	10. Diabetes-print internet research, look for articles, and books.
	Type up information such as: definition, important key notes, organizations, and references from research conducted thus far.
	Interview teacher(s) now with the knowledge obtained from previous

	research.
	Complete research for work done with diabetes.
	11. Asperger Syndrome-print internet research, look for articles, and books.
	Type up information such as: definition, important key notes, organizations, and references from research conducted thus far.
	Interview teacher(s) now with the knowledge obtained from previous research.
	Complete research for work done with Asperger Syndrome.
	Table of Context
	Submit/file documentation of the completed project no more than two weeks after completion of project.
Mid November	Approval by Dr. Conderman
After Meeting in mid NOVEMBER	Turn in Completed Capstone!!

6. Courses taken, expertise and experiences or activities that have provided background for this project

I previously attended Sauk Valley Community College and I am currently in the Elementary Education Program at NIU, so I have been able to take many courses to better prepare myself for this project. The classes that may help me with this project include:

EPFE 201-Education as an Agent for Change
ETT 229- Computers in Education
EPS 304-Development of the Elementary School Child
TLSE 456-Collaborating for Inclusive Teaching and Learning
LTLA 341-Language Arts in the Elementary School
PSY 275-Clinical Experience in Elementary Education
TLCI 422-Middle School Organization and Instruction
EPS 419-Development of the Middle School Child
TLEE 485-Student teaching

University Honors Program

Capstone Approval Page

Capstone Title:

Accommodations and Modification for Elementary Students with Special Needs

Students Name: _____

Faculty Supervisor: _____

Faculty Approval Signature: ~:fb.~ ~ ~

Department of: Teaching and Learning- TLSE 497 P 1

Date of Approval: _____ 4-22-2020 4 20 20

HONORS THESIS ABSTRACT
THESIS SUBMISSION FORM

AUTHOR: Melydi Wolfe

THESIS TITLE: Accommodations and Modification for Elementary Students with Special Needs

ADVISOR: Dr. Greg Conderman ADVISOR'S DEPT.: Teaching and Learning

DISCIPLINE: Special Education YEAR: 2005

PAGE LENGTH: Sixty-Seven

BIBLIOGRAPHY: N/A

ILLUSTRATED: N/A

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COPIES AVAILABLE: Diskette

ABSTRACT (100-200 WORDS):

As an education major it is important to understand and be able to properly assess disabilities that I may come in contact with when I have a classroom of my own. With many government laws like IDEA, which is the law authorizing special education, and No Child Left Behind I feel it is in my best interest to stay abreast'turrent accommodations and modifications both research and teachers suggest for students with disabilities. By doing this I am providing my students with a chance to succeed in the best possible environment. I am also staying up-to-date and compliant with government regulations.

~IQnQtion of Project

In less than one year I will graduate from Northern Illinois University with a degree in Elementary Education. In order to better prepare myself as a future teacher, I thought it would be beneficial for me to focus my capstone work on something that would benefit me in the long run.

By researching the areas listed below I am not only preparing myself, but I can use my findings and research to successfully teach a wider variety of students. These are the areas I focused my research towards:

1. ADD/ADHD
2. Aspergers Syndrome
3. Autism
4. Diabetes
5. Emotional Disturbance
6. Hearing Impairment
7. Learning Disability
8. Mental Retardation
9. Physical Impairments
10. Traumatic Brain Injury
11. Vision Impairment

In each one of these areas, I described several teaching methods, accommodation, and modifications that would be helpful in the general education setting. My general layout for this project included: a definition, interview with a teacher, additional information (cause, what happens in the classroom, and tips for teachers), names of agencies and organization that would be helpful to contact when questions or concerns arise, and my references.

This topic is very important to me because I feel in order to teach in an inclusion classroom, I need to not only be knowledgeable in the content area, but I also need to be knowledgeable when teaching students with various needs. Each student learns differently, and by completing this capstone project I feel I have better prepared myself to teach any student to my best ability.



Definition:

Attention-Deficit/Hyperactivity Disorder (AD/HD) is a condition that can make it hard for a person to sit still, control behavior, and pay attention. These difficulties usually begin before the person is 7 years old. However, these behaviors may not be noticed until the child is older.

Interview for ideas in the classroom

Teacher's Years of Experience: Eighteen

This teacher, each year, has students who are diagnosed with or are showing many characteristics of an AD/HD student. She mentioned it is important to consider each student on a case by case basis because no two students are alike. Below are accommodations and modifications she has offered some of her AD/HD student(s).

- Seat the student where they can stand at their desk. If needed put their desk in a position where they can not get up and go to the pencil sharpener, garbage can, etc. frequently.
- Put folders up so the student can focus on their work at hand
- Set three counting bears out and each time the student gets up, take one bear away that way the student has three opportunities to get up and do as they deem necessary.

Additional Information:

Cause:

Doctors do not know just what causes AD/HD. However, researchers who study the brain are coming closer to understanding what may cause AD/HD. They believe that some people with AD/HD do not have enough of certain

chemicals (called *neurotransmitters*) in their brain. These chemicals help the brain control behavior.

In the Classroom:

School can be hard for children with AD/HD. Success in school often means being able to pay attention and control behavior and impulse. These are the areas where children with AD/HD have trouble.

Some students may be eligible to receive special education services under the Individuals with Disabilities Education Act (IDEA). Under the newest amendments to IDEA, passed in 1997, AD/HD is specifically mentioned under the category of "Other Health Impairment" (OHI). Other students will not be eligible for services under IDEA. However, they may be eligible for services under a different law, Section 504 of the Rehabilitation Act of 1973. In both cases, the school and the child's parents need to meet and talk about what special help the student needs.

Tips for Teachers:

- Consult the experts: parents, previous teachers, specialists, guidance counselors, and psychologist.
- Promote high self-esteem: be friendly, respect opinions, provide immediate feedback, and give reinforcement for any improvement.
- Establish control: be consistent, follow definite rules, discipline offenses immediately, offer explanations for what rule was violated and be willing to listen to their side of the story.
- Maximize academic improvement: allow for flexibility in amount of time needed to complete a project, offer alternatives to writing (ex. typing), establish small tasks leading up to the completed project, and break it down.
- Schedule activities to accommodate student's fluctuating energy levels: intermix high and low energy activities throughout the day, send student on errands if he or she has energy to burn, encourage active ways of answering questions during discussions.
- Provide organizational tools: create checklists in order of priority, develop routine, and label anything that is to go home.

- Open up communication lines with parents: engage in frequent correspondence, encourage parental monitoring of homework, provide parents with a schedule of student assignments.
- Reward success: use stickers, post points on a chart, shake hands, smile, and use verbal praise.
- Utilize group work: encourage problem solving, teamwork, and cooperation.
- Grab the student's attention: eye contact, give short, easy-to-understand instructions, insist that students repeat back information, use non-verbal cues to quiet the students such as raising a hand or blinking the lights, and give private cues that student is off-task such as a hand on their shoulder.
- In general: provide variety with learning centers and group projects, test material learned and not attention span, respect students' input.

The names of agencies and organization that would be beneficial to contact when questions or concerns arise:

Attention Deficit Disorder Association

P.O. Box 543

Pottstown, PA

Phone: (484) 945-2101

Web: www.add.org

CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder)

8181 Professional Place Suite 150

Landover, MD 20785

Phone: 800-233-4050

Phone: (301) 306-7070

Web: www.chadd.org

Learning Disability Association (LDA)

4156 Library Road

Pittsburgh, PA 15234-1349

Phone: (412) 341-1515

Web: www.lidaamerica.org

Parents Anonymous

675 W. Foothill Blvd. Suite 220

Clarmont , CA 91711

Phone: (909) 621-6184

Web; www.parentsanonymous.org

References:

Academy for Education Development and the Office of Special Education Programs for the U.S. Department of Education. (2004). ADIHD. *NICHCY*, 1-3, Retrieved October 9,2005, from <http://nichcy.org>

Teaching Tips for those Working with ADIHD Kids. (1994). How to deal with ADIHD students, 1-5, Retrieved October 15,2005, from <http://user.cybrzn.com>

Asperger Syndrome

Definition:

Asperger syndrome (sometimes called Asperger's syndrome, AS, or the more common shorthand Asperger's), is characterized as one of the five pervasive developmental disorders, and is commonly referred to as a form of high-functioning autism. In very broad terms, individuals with Asperger's are considered to have at least normal intellectual capacity and atypical or less well developed social skills, often with emotional/social development or integration happening later than usual as a result.

Interview for ideas in the classroom

Teacher's Years of Experience: Six

In 2000 this specific teacher had an 8 year old girl in her classroom with what was thought to be Autism, but later tests had shown this child had a mild to severe case of Asperger Syndrome. The student had a full time aid that was with the student all day. Below are some of the accommodations and modifications this teacher had found beneficial in helping her 8 year old student with AS.

- Seat the student close to the teacher so situations can be rectified immediately
- Have a timeout room where the child can calm down after a emotional/social break
- Avoid close physical contact with the student
- Group work and partner work needs to be chosen with careful consideration
- Have material printed for the aid to overview what is going to be discussed for the day to avoid any surprises
- Work in close contact with the aid

2. Provide a safe haven: Many students with AS can become overwhelmed with noise, particularly those that occur at schools. Provide the student with strategies to deal with the "over load" they can feel during the school day. Providing earplugs, a quiet space or a "go to" person are a few options that can be utilized.

3. Label and translate social rules/cues: Most students with AS do not internalize social rules and often misinterpret social situations. Metaphors, jokes and sarcasm may be misunderstood or misperceived thus causing the child to react inappropriately. By acting as a social translator, a teacher can help the child by labeling the comment "that was a joke" or "she meant this, not that" can reduce social distress for a student with AS. Students with AS may also fixate on topics and be seen as annoying because they "can't let it go". Non-verbal cues (i.e. using the "stop" hand motion) can be useful. Another strategy is to let the student use "question/response cards" throughout the day. Once the cards are used up, the student needs to write their comments down and submit to the teacher at a later time.

4. Use available resources/make needed accommodations: Students with AS usually respond well to visuals and graphics. Providing visuals is a helpful way to convey information to students with AS. Additionally, kids with AS tend to have poor fine motor skills. Using a computer or having a peer note-taker can be helpful for lengthy writing activities.

5. Connect with each other: Students with AS can be a challenge. Teachers, parents and other professionals need to communicate and collaborate positively in order to better support the student.

6. Prepare for changes *in* routine: Students with AS tend to thrive when expectations are clear and a routine is established. Providing a written class schedule, time frames and clearly designated class routines are invaluable. "To do" lists and study guides/assignment notebooks are also very helpful. The earlier a student with AS is made aware of an upcoming change in routine, the better they will respond to it. A written reminder on the chalkboard in bright colored chalk informing the class that there will be a field trip next Friday, is a good visual reminder for the student with AS.

Autism Research Institute (ARI)
4182 Adams Avenue
San Diego, CA 92116
Web: <http://www.autismresearchinstitute.com>
Phone: 619-281-7165
Fax: 619-563-6840

Autism Society of America
7910 Woodmont Ave.
Suite 300
Bethesda, MD 20814-3067
Web: <http://www.autism-society.org>
Phone: 301-657-0881 800-3AUTISM (328-8476)
Fax: 301-657-0869

National Institute of Mental Health (NIMH)
National Institutes of Health, DHHS
6001 Executive Blvd. Rm. 8184, MSC 9663
Bethesda, MD 20892-9663
E-Mail: nimhinfo@nih.gov
Web: <http://www.nimh.nih.gov>
Phone: 301-443-4513/301-443-8431 (TTY) 866-615-NIMH (-6464)
Fax: 301-443-4279

References:

Better Health Channel. (2001). *Asperger Syndrome*, 2-5, Retrieved October 31, 2001,
from http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Asperger's_syndrome?open.

NINDS Asperger Syndrome Information Page (2005). *Asperger Syndrome*, 1-5,

Retrieved October 31,2005, from

<http://www.ninds.nih.gov/disorders/asperger/asperger.htm>

Tips for working with students with Asperger Syndrome in the General Education

Setting. (2004), 1-2, Retrieved October 31,2004, from

<http://www.emsd63.org/SpecialEd/Tips/AspergerSyndrome.pdf>

Wikipedia encyclopedia. (2005). *Asperger Syndrome*, 1-8, Retrieved November 1,2005,

from http://en.wikipedia.org/wiki/Asperger's_syndrome



Definition:

Autism is a developmental disability that comes from a neurological disorder that affects normal functioning of the brain. It is characterized by abnormal development of communication skills, social skills, and reasoning skills. Males are affected four times as often as females. Children may show signs around the age of 30 months.

Interview for ideas in the classroom

Teacher's Years of Experience: 11

Although this teacher has been in the classroom a short period of time she has substitute taught an additional 11 years and has a nine year old son with autism. Below are her suggestions for accommodations and modifications in the classroom.

- Provide a schedule of the days events because autistic students need predictability and routine.
- Oftentimes, autistic students struggle with speech and how to form language, so allowing longer "wait time" gives the student time to process the question and formulate an answer.
- Keep a home/school journal that goes back and forth everyday.
- Provide the student with an area where they can take a break when needed.
- Many-times autistic student have a difficult time forming peer relationships or socializing in general, so assign classroom, lunch, or recess buddies.

TIP!! Every autistic child is different. There is such a broad range of abilities on the spectrum. Get to know the parents and talk with them often. They many have suggestions to help teachers get through to their child.

Additional Information

Causes:

The cause remains unclear, but a psychological one has been ruled out. Neurological studies seem to indicate a primary brain dysfunction, and a genetic component is suggested by a pattern of autism in some families. It is largely believed that autism is a genetic disorder that involves several genes related to gene function. However it is unclear to researchers what causes these genes to turn on.

In the School:

Autism Symptoms vary Widely in severity, they may include:

- impairment in social interaction
- fixation on inanimate objects
- inability to communicate normally
- resistance to changes in daily routine
- lack of eye contact
- repetition of words or phrases
- unmotivated tantrums
- inability to express needs verbally
- insensitivity to pain

Behaviors may change over time. Autistic children often have other disorders of brain function. About two thirds are mentally retarded and over one quarter develops seizures.

Tips for teachers:

- Become a team player. Recognize that teachers are an important part of the team of people working with this child, along with his or her parents, past and future teachers, administrators, therapists (occupational, physical, and/or speech and language), social workers, psychologists, and physicians.
- Be flexible. Be willing to make adaptations in scheduling, room arrangement, routines, classroom environment, and expectations, to accommodate the abilities and needs of this child. Do not view this as an imposition. Rather, recognize that it creates an opportunity *for* this child to succeed, it will also help the other children in the classroom to be more successful. Do not confuse "fair" with "equal." Each child does not need to receive the same time, materials, opportunities, etc. Each child's needs and abilities differ from another child's, so your methods of accommodating them will also differ.
- Be a good role model. The children in the *class*, as well as other parents and professionals, will be looking to the teacher to see how he/she handles having a child with "special needs" in your classroom.
- Continue Education. Research and experience are continually changing our perceptions of autistic spectrum disorders. Knowledge is power, both for the classroom teacher and for the child. Read books, research the Internet, attend conferences and seminars, and network with parents and professionals who have connections to autism.
- Accentuate the positives. Find ways to appreciate the child. Look, and give meaningful praise, for accomplishments both big and small.

The names of agencies and organization that would be beneficial to contact when questions or concerns arise:

Autism Society of America
7910 Woodmont Avenue, Suite 300

Bethesda. MD 20814
Phone: 1 (301) 657-0881
Phone: 1 (800) 3-AUTISM
Web: www.autism-society.org

Kathy Gould. Project Director
Illinois autism/PDD Training and Technical Assistance Project
1301 W. Cossitt Avenue
La Grange, IL 605285
Phone: 1(708)354-5730
E-mail: kathygould@illinoisautismproject.org
Web: www.afb.org

References:

- Academy for Education Development and the Office of Special Education Programs for the U.S. Department of Education. (2004). Autism. *NICHCY*, 1-12, Retrieved October 2, 2005, from <http://nichcy.org>
- Autism Support Network. (2005). What is Autism? *Autism Support Network*, 3, Retrieved October 2, 2005, from <http://www.autism-pdd.net>
- IBGECKO. (2005). Autism Care Issues. *Forum*, 1, Retrieved October 10, 2005, from <http://www.autism-pdd.net>
- National Alliance for Autism Research. (2002). What is Autism? *Exploring Autism*, 1 2, Retrieved October 2, 2005, from <http://www.exploringautism.org>
-

DI... t8S

Definition :

Diabetes mellitus, often called diabetes, is a condition that makes it hard for the body to control the level of glucose in the blood. This means it is hard for the body to convert food into the energy that the body needs to work. Glucose is the main form of sugar in the body.

Interview for ideas in the classroom

Teacher's Years of Experience: Nine

When considering accommodations and modifications in the elementary education classroom for students with diabetes this teacher suggests:

- Keep in contact with parents and nurse
- Be aware of signs that the student may have when their blood sugar gets to low levels
- Have a plan if the student's levels do get low
- Have food or candy available that will help to raise the student's blood sugar levels if symptoms are becoming prevalent

Additional Information:

Our bodies produce a hormone in the pancreas called insulin which converts sugar, starch, and other foods (glucose) into the energy that our cells need to survive. People who suffer from diabetes are unable to produce or properly use insulin. Without this hormone, glucose remains in the bloodstream where it builds up and our cells essentially starve. These starving cells begin burning fat in the body for energy, creating a waste product called ketone that is discarded via the blood stream. If left untreated, ketone levels increase until a condition known as ketacidosis develops, which will eventually lead to a diabetic coma. A chronically high

level of glucose in the blood stream will also damage the eyes, kidneys, nerves, and heart.

Cause:

Genetics may play a part in all types of diabetes mellitus. Other causes and risks vary. They depend on the type of diabetes involved.

Type 1 diabetes does not always have a known cause. Experts believe it might be caused by an autoimmune disorder, in which the body makes antibodies that destroy pancreatic cells. Experts do know that type 1 diabetes is more common in Caucasians than in other groups.

Type 2 diabetes occurs when the cells in the body are resistant to insulin. As a result, the body cannot use blood glucose as well as it should. Risk factors for type 2 diabetes include:

- Obesity. This is the main cause of type 2 diabetes in both adults and children. A recent study showed a 33% increase in the number of Americans with type 2 diabetes over the past 8 years. The increase was 70% in people ages 30 to 39 years old and was linked to a sharp rise in obesity in this group.
- Race. This type of diabetes is more common in African Americans, Hispanic Americans, Asian Americans, Native Americans, and Pacific Islanders.
- Lack of physical exercise. A recent study showed that walking briskly for 30 minutes a day at least 5 days a week reduces a woman's risk of type 2 diabetes.
- High blood pressure. Experts define this as a blood pressure equal to or greater than 140/90.
- Low HDL level, known as the good cholesterol, and high triglyceride level. HDL levels equal to or less than 35 mg/dL and/or a triglyceride level greater than or equal to 250 mg/dL are considered unhealthy.
- Age of 45 or older.
- History of gestational diabetes, or having babies that weighed more than 9 pounds at birth.
- Hormonal changes linked to menopause. A recent study of 16,000 American women between the ages of 40 and 65 showed that diabetes

was one of the top six diseases diagnosed. A long-term study is under way to see if menopause and changes in hormone level are factors in the development of type 2 diabetes. Gestational diabetes is considered when a woman has any abnormal glucose test result during pregnancy. It may be the result of increased hormone levels during pregnancy, which work against insulin. Weight gain during pregnancy might also be a factor in causing gestational diabetes.

In the School:

Symptoms partly depend on the type of diabetes a person has and how long it has been untreated. Many patients with type 2 diabetes have no symptoms at all. Any signs and symptoms are mostly related to high blood glucose levels and include:

- bladder infections
- coma, which happens only if the diabetes gets too far out of control
- extreme hunger
- extreme thirst
- fatigue and weakness
- frequent urination in increased amounts
- nausea and vomiting
- skin infections, especially fungal or more serious bacterial infections
- visual problems, such as blurred vision
- weight loss despite increased hunger and thirst

Tips for Teachers:

Suggestions for a positive classroom experience:

1. Meet with the family, principal, school nurse, playground supervisors, and food service workers

2. Collectively develop an understanding of diabetes and the diabetes related needs of the individual student. The following areas may need to be addressed:
 - o Recognizing the signs and symptoms of low blood sugar (insulin reaction)
 - When it is most likely to occur
 - How to prevent it
 - How to treat it
 - o Developing a plan of action for emergencies
 - o Recognizing the signs and symptoms of high blood sugar
 - o Identifying food and snack requirements and routines
 - o Identifying blood sugar monitoring needs
 - Routine
 - Privacy
 - School safety procedures
 - o Communicating with the family
-

The names of agencies and organization that would be beneficial to contact when questions or concerns arise:

National Diabetes Information Clearinghouse (NDIC)

1 Information Way

Bethesda, MD 20892-3560

Phone: 1-800-860-8747

Fax: 703-738-4929

E-mail: ndic@info.niddk.nih.gov

Web: www.diabetes.niddk.nih.gov

National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)

3 Information Way

Bethesda, MD 20892-3580

Phone: 1-800-891-5390

Fax: 703-738-4929

E-mail: nkudic@info.niddk.nih.gov

Web: www.niddk.nih.gov/health/kidney/kidney.htm

Weight-control Information Network (WIN)

1 WIN Way

Bethesda, MD 20892-3665

Phone: 1-800-946-4627 or 202-828-1025

Fax: 202-828-1028

E-mail: win@info.niddk.nih.gov

Web: www.niddk.nih.gov/health/nutrit/win.htm

American Diabetes Association (ADA)

1701 North Beauregard Street

Alexandria, VA 22311

Phone: 1-800-DIABETES (1-800-342-2383) (National Call Center), or 1-800-232-3472 (professional member department only)

Fax: 703-549-6995

E-mail: askada@diabetes.org

Professional Membership Email: membership@diabetes.org

Web: www.diabetes.org

References:

Children with Diabetes. (2005). *Actionsfor Teacher*, 1-5, Retrieved November 1, 2005,

from <http://www.childrenwithdiabetes.com/dOg5dO.htm>

Children with Diabetes. (2005). *Informationfor Teachers*, 1-4, Retrieved October 9,

2005, from <http://www.childrenwithdiabetes.com>

McLaughlin, RN, BSN, Eileen. (2002). *Diabetes Mellitus*, 1-2, Retrieved November 1,

2005, from

<http://atoz.ighealth.com/HealthAnswers/encyclopedia/HTMLtiles/596.html>

National Diabetes Information Clearinghouse (NDIC). (2003). Directory of Diabetes Organizations, 1-6, Retrieved November 1,2005, from <http://diabetes.niddk.nih.gov/resources/organizations.htm>.



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Definition :

IDEA states: A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the child's educational performance:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors;
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
3. Inappropriate types of behavior or feelings under normal circumstances;
4. A general pervasive mood of unhappiness or depression; or
5. A tendency to develop physical symptoms or fears associated with personal or school problems. (Code of Federal Regulations, Title 34, Section 300.7 b 9)

Interview for Ideas in the Classroom

Teacher's Years of Experience: Taught third grade for five years and has been counseling for 7 at the K-4 level.

Her experiences with students who are emotionally disturbed:

- children with emotional disabilities react irrationally to every day events
- they are unpredictable
- need extended time to process / difficulty completing work
- need more personal space

- react impulsively, may use foul language, may break things, interrupt their learning and oftentimes their peers
- low frustration tolerance - need frequent reinforcement for on task behavior
- dependent on adult coaxing and support

These are the accommodations and modifications she had suggested:

- Provide a structured environment with a predictable routine- warn of any changes
- Point sheets to help them self monitor, increases parent-teacher communication, offers incentive for proper choices (sticker charts could be used as well)
- Consistency and clear expectations so they understand consequences of behavior
- Shorten assignments- have students complete a highlighted section and then add to it
- Use a buddy system to help encourage completed work
- Document behaviors and involve the principal/special education teachers
- Give them time to process what needs to be done- don't try to rationalize with them, let them "cool off" before discussing

Below is additional information this teacher/counselor felt would be beneficial to know about this disability:

This population of students requires a great deal of patience and consistency. They will try to push buttons and distract teachers to avoid the task at hand. If the child has been diagnosed it is imperative that the school keep in close contact with the doctors by completing CAPs rating scales and giving feedback about how the child is functioning in the educational setting. If the child has not been diagnosed and is not receiving special education services make sure you document everything and work very closely with the administrator so he/she can guide you through the referral process. If there is a counselor in the building, ask them to observe the child in your room and help you to modify classroom arrangement, peer interactions, parent contacts, etc. If you suspect there is an emotional disturbance, the documentation you keep will help the parents understand what you

are dealing with at school. Having the parents observe the child can be helpful as well. If you want to see the CAP rating scales or have the criteria we use to identify students with an emotional disturbance, I can make copies of them for you.

Additional Information

Cause:

The causes of emotional disturbances have not been adequately determined. Although various factors such as heredity, brain disorder, diet, stress, and family functioning have been suggested as possible causes, research has not shown any of these factors to be the direct cause of behavior problems. Some of the characteristics and behaviors seen in children who have emotional disturbances include:

- Hyperactivity-short attention span and impulsiveness
- Aggression/self-injurious behavior-acting out and fighting
- Withdrawal-failure to initiate interaction with others, retreats from exchanges of social interaction, and excessive fear or anxiety
- Immaturity-inappropriate crying, temper tantrums, and poor coping skills
- Learning difficulties-academically performing below grade level

Children with the most serious emotional disturbances may exhibit distorted thinking, excessive anxiety, bizarre motor acts, and abnormal mood swings, and are sometimes identified as children who have a severe psychosis or schizophrenia.

Many children who do not have emotional disturbances may display some of these behaviors at various times during their development. However, when children have an emotional disturbance, these behaviors continue over long periods of time. Their behavior thus signals that they are not coping with their environment or peers.

In the School:

The educational programs for students with a serious emotional disturbance need to include attention to mastering academics, developing social skills, and increasing self-awareness, self-esteem, and self-control. A large body of research exists regarding methods of providing students with positive behavioral support (PBS) in the school environment, so that problem behaviors are minimized and positive, appropriate behaviors are fostered. It is also important to know that within the school setting:

- For a student whose behavior impedes learning and the learning of others, the team developing the child's Individualized Education Program (IEP) need to consider, if appropriate, strategies to address that behavior, including positive behavioral interventions, strategies, and supports.
- Students eligible for special education services under the category of emotional disturbance may have IEPs that include psychological or counseling services. These are important related services which are available under law and are to be provided by a qualified social worker, psychologist, guidance counselor, or other qualified personnel.

Tips for Teachers:

Effective teaching strategies for children with emotional disturbances:

- Structure the class for success
- Establish class rules that are stated positively (in terms of the appropriate behavior)
- Have a set routine
- De-emphasize competition
- Reward appropriate behavior
- Enforce fair and humane consequences for inappropriate behavior (follow the Behavioral Intervention Plan, if available)
- Provide students with a safe space to be alone so that they can develop skills to control their behavior
- Exercise caution regarding the use of peer tutors with children

with emotional disturbances.

The names of agencies and organization that would be beneficial to contact when questions or concerns arise:

American Academy of Child and Adolescent Psychiatry
Public Information Office
3615 Wisconsin Ave., NW
Washington, DC 20016-3007
Phone: 1(202)966-7300
Web: www.QQCQp.org

Center on Positive Behavioral Interventions and Supports
5262 University of Oregon
Eugene, OR 97403-5262
Phone: 1 (541) 346-2505
E-mail: pbis@oregon.uregon.edu
Web: www.pbis.org

Federation of Families for Children's Mental Health
1101 King Street, Suite 420
Alexandria, VA 22314
Phone: 1(703)684-7710
E-mail: ffcmh@ffcmh.org
Web: www.ffcmh.org

National Alliance for the Mentally III (NSMI)
Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22203-3754
Phone: 1 (703) 524-7600 or 1 (703) 516-7227
Toll Free: 1 (800) 950-6264
Web: www.nami.org

National Mental Health Information Center
P.O. Box 42557
Washington, DC 20015

Phone:1(866)889-2647

Toll Free: 1 (800) 789-2647

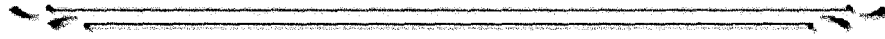
Web: www.mentalhealth.org

References:

Academy for Education Development and the Office of Special Education Programs for the U.S. Department of Education. (2004). Emotional Disturbance. *NICHCY*, 15, Retrieved September 25,2005, from <http://nichcy.org>

The Coordinated Campaign for Learning Disabilities. (2002). Emotional Disturbance. *Learning Disabilities Online*, 1-5, Retrieved September 25,2005, from <http://www.ldonline.org>

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Definition:

Hearing impairment is defined by IDEA as "an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance."

Deafness is defined by IDEA as "a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification."

Interview for Ideas in the Classroom

Teacher's years of Experience: Twelve

This teacher has been working with elementary education students for twelve years and is now the schools elementary education counselor. During her experience teaching in the classroom she had a young hearing impaired student in her classroom. Listed below are her suggestions regarding accommodations and modifications for elementary teachers in the general education setting.

- Pre-teach vocabulary
- Work with the student on vocabulary development
- Facilitate social interactions
- Offer visual cues to the student whenever possible
- Provide academic support
- Get training in usage and maintenance of assistant devices
- Provide the student with preferential seating

Additional Information

Cause:

Conductive hearing losses are caused by diseases or obstructions in the outer or middle ear, the conductive pathways for sound to reach the inner ear. Conductive hearing losses usually affect all frequencies of hearing evenly and do not result in severe losses. A person with a conductive hearing loss usually is able to use a hearing aid well or can be helped medically or surgically.

Sensorineural hearing losses result from damage to the delicate sensory hair cells of the inner ear or the nerves which supply it. These hearing losses can range from mild to profound. They often affect the person's ability to hear certain frequencies more than others. Even with amplification to increase the sound level, a person with a sensorineural hearing loss may perceive distorted sounds, sometimes making the successful use of hearing aid impossible.

A mixed hearing loss refers to a combination of conductive and sensorineural loss and means that a problem occurs in both the outer or middle and the inner ear. A central hearing loss results from damage or impairment to the nerves or nuclei of the central nervous system, either in the pathways to the brain or in the brain itself.

In the School:

Hearing loss or deafness does not affect a child's intellectual capacity or ability to learn. However, children who are either hard of hearing or deaf generally require some form of special education services in order to receive an *adequate* education. Services may include:

- regular speech, language, and auditory training from a specialist
- amplification systems
- services of an interpreter for those students who use sign language
- favorable seating in the class to facilitate lip reading
- captioned films/videos

- assistance of a note taker
- and counseling

Tips for Teachers:

- Obtain feedback from hearing impaired student at every opportunity as an indicator of the student's level of understanding.
- When writing material for hearing impaired students:
 - break up long sentences
 - reduce difficult vocabulary load
 - do not omit words such as: "that" because such words will clarify a sentence connection
- If the student lip-reads:
 - have student sit close to the lecture
 - look directly at the student
 - speak slowly, naturally, and clearly
 - do not exaggerate lip movements or shout
- If the student has an interpreter:
 - speak *directly* to the student rather than the interpreter
 - give student and interpreter outlines of the lecture or written material, in advance
- Certain language forms are generally to be AVOIDED:
 - passive voice verbs
 - negative forms of verbs and other expressions of negation
 - too many modifying forms, such as prepositional phrases, relative clauses. (If a relative clause must be used, the relative pronoun, who, which, that, where, would be next to the word in which it refers to).
 - avoid the use of idioms

The names of agencies and organization that would be beneficial to contact when questions or concerns arise:

Alexander Graham Bell Association for the Deaf and Hard of Hearing
 3417 Volta Place, NW
 Washington, DC 20007
 Phone: (202)337-5220

E-mail: info@agbell.org

Web: www.agebell.org

American Society for Deaf Children

P.O. Box 3355

Gettysburg, PA 17325

Phone: (800) 942-2732

E-mail: ASDCI@aol.com

Web: www.deafchildren.org

National Institute on Deafness and Other Communication Disorders

Information Clearinghouse

1 Communication Avenue

Bethesda, MD 20892-3456

Phone: (800) 241-1044

Phone: (800) 241-1055

E-mail: nidcdinfo@nidcd.nih.gov

Web: www.nidcd.nih.gov/

Self Help for Hard of Hearing People (SHHH)

7910 Woodmont Avenue, Suite 1200

Bethesda, MD 20814

Phone: (301) 657-2248

Phone: (301) 657-2249

E-mail: info@hearingloss.org

Web: www.hearingloss.org

References:

Turnbull, R., Turnbull, A., Shank, M., & Smith, S.J. (2004). *Exceptional lives: Special*

Education in today's schools. New Jersey: Pearson Educational Inc.

Academy for Education Development and the Office of Special Education Programs for

the U.S. Department of Education. (2004). Deafness and Hearing Loss. *NICHCY*,

1-5, Retrieved October 2, 2005, from <http://nichcy.org>

Strategies for Teaching Students with Hearing impairments, (2005). General Strategies,
1-6, Retrieved October 2,2005, from <http://www.as.wvu.edu/>

Learning Disability

Definition:

A learning disability (LD) is a neurological disorder that affects the brain's ability to receive, process, store, and respond to information. The term learning disability is used to describe the seeming unexplained difficulty a person of at least average intelligence has in acquiring basic academic skills in the areas of reading writing, listening, speaking, reasoning, and doing math. LD is not a single disorder. It is a term that refers to a group of disorders.

Interview for Ideas in the Classroom

Teacher's years of Experience: Seventeen

This teacher has experience as a LD resource/self contained teacher for sixth grade for one year, LD resource teacher for fifth grade for one year, and is currently a third grade regular education teacher who had LD resource students in her classroom. Below are accommodations and modifications she had found to be beneficial.

- For a vocabulary test (12 answers) highlight 6 answers and highlight the 6 corresponding questions.
- Have multiple choice, dictation, or computer spelling tests.
- Provide assignment sheets and organizational tools such as a folder.
- Have the LD student partnered with a buddy.
- Assign jobs to allow for frequent breaks, so the student does not become stressed.
- Have the student seated within close proximity to the teacher.

TIP! LD students usually have a strength in one subject area, so use this to your advantage. Allow them to "shine" during these classes. It is difficult at a younger age to determine LD. The discrepancy is easier to diagnose in later elementary. Most LD students are well aware of their weaknesses and want to do well, but are unable to because of their disability.

Additional Information

Cause:

Learning disabilities are NOT caused by economic disadvantage, environmental factors, or cultural differences. In fact experts say there is no apparent cause for learning disabilities, but it may be due to:

Heredity-often learning disabilities run in the family, so it is not uncommon to find that people with LD have parents or other relatives with similar difficulties.

Problems during pregnancy and birth-LD may be caused by illness or injury during or before birth. It may also be caused by drug and alcohol use during pregnancy, low birth weight, lack of oxygen and premature or prolonged labor.

Incidents after birth- Head injuries, nutritional deprivation and exposure to toxic substances (i.e. lead) can contribute to LD.

In the School:

Early identification is vital in helping a student to succeed academically, as well as socially. A teacher or parent may look for:

- A distinct gap between the level of achievement that is expected and what is actually being achieved
- Difficulties that can become apparent in different ways with different people
- Difficulties that manifest themselves differently throughout development
- Difficulties with socio-emotional skills and behavior
- Difficulties in the areas of listening, speaking, reading, writing, and mathematics

Learning disabilities are not a disease, so there is no cure, but there are ways to overcome the challenges it poses through identification and accommodation.

Identification-It is important to collect observations by parents, teachers, doctors, and others in contact with that student. If there does seem to be a pattern of trouble that is more than just an isolated case of difficulty, the next step is to seek help from the school or consult a learning specialist from an evaluation.

Accommodation and Modifications: Depending on the type of learning disability and its severity, as well as the person's age, different kinds of assistance can be provided. Under the Individuals with Disabilities Education Act (IDEA) of 1997 and American with Disabilities Act (ADA) of 1990 people of all ages with LD are protected against discrimination and have a right to different forms of assistance in the classroom.

Tips for Teachers:

A checklist of strategies to help with the inclusion classroom, which will assist in meeting the needs of all students:

- ___ Special needs students are within close proximity to the teacher or the teacher's assistant.
- ___ Have procedures that are well understood by students to keep noise levels at an acceptable level. (Suggestion: Yacker Tracker)
- ___ Have a special or private location for test-taking and or seatwork for those requiring 'free of distractions' to enable success.
- ___ Eliminated as much clutter to keep distractions to a minimum.
- ___ Never present instructions/directions orally alone.
- ___ Clarifications and reminders are given regularly as needed.
- ___ Give needy students agendas. Keeps parent and teachers aware.

- _ Work is organized into workable "chunks."
- _ Classroom expectations are clearly understood as are consequences for inappropriate behaviors.
- _ Extra assistance is provided when needed through a peer or teacher.
- _ Praise when students are seen doing something right.
- _ Use behavior contracts to target specific behaviors.
- _ Make sure students are aware of cueing and prompting systems which helps students stay on task.
- _ Never begin instructions/directions until the teacher has the class's undivided attention.
- _ I allow additional "wait time" for special needs students.

The names of agencies and organizations that would be beneficial to contact when questions or concerns arise:

One on One Phone Counseling

National Center for Learning Disabilities
1 (888) 575-7373

National Information Center for Children and Youth with Disabilities
(NICHCY)
1 (800) 695-0285

Schwab Learning
1 (800) 230-0988

US National Organizations for Specific Disabilities:

Council for Learning Disabilities (CLD)
P.O. Box 40303

Overland Park, KS 66204
Phone: 1(913)492-8755
Fax: (913) 492-2546

CLD provides services to professionals who work with individuals with learning disabilities.

Educational Resources Information Center (ERIC)
1920 Association Drive
Reston, VA 22091-1589
Phone: 1(703)264-9474
Toll Free: 1(800) 328-0272

Information Clearinghouse funded by the U.S. Department of Education and hosted by the Council for Exceptional Children.

Learning Disabilities Association of America (LDA)
4156 Library Road
Pittsburg, PA 15234
Phone: 1(888) 300-6710 or 1(412) 341-1515
Fax: 1(412) 344-0224

LDA national office has a resources center of over 500 publications for sale. It also operates a film rental service. Call the national headquarters to receive a free information packet.

Learning Disabilities Worldwide (LDW)
P.O. Box 142
Weston, Ma 02493
Phone: 1(781) 890-LDWW (5399)

LDW is an international organization dedicated to improving the lives of individuals with learning disabilities.

References:

Bursuck, W., & Friend, M. (2002). *Including Student with Special Needs*. Boston: Allyn and Bacon.

Academy for Education Development and the Office of Special Education Programs for the U.S. Department of Education. (2004). Learning Disabilities. *NICHCY*, 1-18, Retrieved September 25,2005, from <http://nichcy.org>

Education. (2005). Special Education. *Accommodations, Modifications, and Interventions*, 1, Retrieved September 25, 2005, from <http://specialed.about.com/od/teacherstrategiesla/modify.htm>

National Organizations. (2004). Learning Disabilities Organizations, 1-5, Retrieved September 25,2005, from <http://www.ldonline.org>

National Research Council. (2001). LD at a Glance. *National Center for Learning Disabilities*, 1-3, Retrieved September 25, 2005, from <http://www.ld.org>

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Definition:

Mental retardation is a term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a child to learn and develop more slowly than a typical child. Children with *mental* retardation may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer and some things will not be able to learn.

Interview for Ideas in the Classroom

Teacher's years of Experience: Six Years

This teacher has worked with students with mental retardation for several years. These are some of her suggestions for accommodations and modifications.

- Work together with the student's parents and other *school* personnel to create and implement an *educational plan* tailored to meet the student's needs. Regularly share information about how the student is doing at *school* and at home.
- If you are not part of the student's Individualized Education Program (IEP) team, ask for a copy of his or her IEP. The student's educational goals will be listed there, as well as the services and classroom accommodations he or she is to receive.
- Be as concrete as possible. Demonstrate what you mean rather than just giving verbal directions. Rather than just relating new information verbally, show a picture. And rather than just showing a picture, provide the student with hands-on materials and experiences and the opportunity to try things out.

- Break new tasks into small steps. Demonstrate the steps. Have the student do the steps, one at a time. Provide assistance, as necessary.
- Give the student immediate feedback.
- Teach the student life skills such as daily living, social skills, and occupational awareness and exploration, as appropriate. Involve the student in group activities or clubs.

Additional Information

Cause:

Doctors have found many causes of mental retardation. The most common are:

- Genetic Conditions- Sometimes mental retardation is caused by abnormal genes inherited from parents, errors when genes combine, or other reasons. Examples of genetic conditions are Down syndrome, fragile X syndrome, and phenylketonuria (PKU).
- Problems during pregnancy-Mental retardation can result when the baby does not develop inside the mother properly. For example, there may be a problem with the way the baby's cells divide as it grows. A woman who drinks alcohol or get an infection like rubella during pregnancy may also have a baby with mental retardation.
- Problems at birth- If a baby has problems during labor and birth, such as not getting enough oxygen, he or she may have mental retardation.
- Health problems- Diseases like whooping cough, the measles, or meningitis can cause mental retardation. Mental retardation can also be caused by extreme malnutrition, not getting enough medical care, or by being exposed to poisons like lead or mercury.

Mental retardation is not a disease. You can not catch mental retardation from anyone. Mental retardation is also not a type of mental illness, like depression. There is no cure for mental retardation.

Children with mental retardation can and do learn new skills, but they develop more slowly than children with average intelligence and adaptive skills. There are different degrees of mental retardation, ranging from mild to profound. A person's level of mental retardation can be defined by their intelligence quotient (IQ), or by the types and amount of support they need.

In the School:

As mentioned above children with mental retardation can do well in school, but need individualized help. Fortunately, states are responsible for meeting the education need of children with disabilities. The schools staff will work with the child's family to develop what is known as an Individualized Family Services Plan, or IFSP. The IFSP will describe the child's unique needs. It also describes the services the child will receive to address those needs. The IFSP will emphasize the unique needs of the family, so that parent and other family members will know how to help their child with mental retardation. Early intervention services may be provided on a sliding-fee basis, meaning that the costs to the family will depend upon their income, which in some cases means at no cost to the parents.

Tips for Teachers:

- Learn as much about mental retardation as possible.
- Recognize that teachers can make an enormous difference in this student's life! Find out what the student's strengths and interests are, and emphasize them. Create opportunities for success.
- Be a part of the student's Individualized Education Program (IEP) team and ask for a copy of his/her IEP. The student's educational goals will be listed there, as well as the services and classroom accommodations he or she is to receive. Talk to a specialist in the school so they can help to identify effective methods of teaching this student, ways to adapt the curriculum, and how to address the student's IEP goals in the classroom.

- Be as concrete as possible. Demonstrate what is meant rather than just what is said. This may be done by showing pictures and having the student work on hands-on activities.
- Break longer, new task into small steps. Demonstrate the steps. Have the student do the steps, one at a time and provide assistance, as necessary.
- Give students immediate feedback.
- Teach student life skills such as daily living, social skills, and occupational awareness and exploration, as appropriate. Involve the student in group activities or clubs.
- Work together with the students parents and other school personnel to create and implement an educational plan tailored to meet the students needs. Regularly share information about how the student is doing at school and at home.

The names of agencies and organization that would be beneficial to contact when questions or concerns arise:

The Arc of the United States
 1010 Wayne Ave, Suite 650
 Silver Spring, MD 20910
 Phone: 1 (301) 565-3842
 E-mail: Info@thearc.org
 Web: www.thearc.org
 Web: TheArcPub.com

American Association on Mental Retardation (AAMR)
 444 North Capitol Street NW, Suite 846
 Washington, DC 20001-1512
 Phone: 1 (202) 387-1968
 Toll Free: 1 (800) 424-3688

Web: www.aamr.org

Division on Developmental Disabilities

The Council for Exceptional Children 1110 North Glebe Road, Suite 300

Arlington, VA 22201-5704

Phone: 1(888)232-7733

Phone: 1 (866) 915-5000

E-mail: cec@cec.sped.org

Web: www.dddcec.org

References:

Batshaw ML. (1997). *Children with disabilities (4th edition)*. Baltimore MD: Paul H.

Brookes Publishing Co.

Murphy CC, Boyle C, Schendel D, Decoufle P, Yeargin-Allsopp M. (1998).

Epidemiology of mental retardation in children. Mental Retardation and

Developmental Disabilities Research Reviews. 4:6-13.

Smith R (Editor). (1993). *Children with mental retardation: a parents' guide*. Rockville,

MD: Woodbine House.

Academy for Education Development and the Office of Special Education Programs for

the U.S. Department of Education. (2004). Mental Retardation. *NICHCY*, 1-8,

Retrieved September 25,2005, from <http://nichcy.Org>

National Center on Birth Defects and Developmental Disabilities. (2004). Mental

Retardation. *CDC*, 1-4, Retrieved September 25, 2005, from <http://www.cdc.gov>

Physical Impairments

Definition:

A Physical impairment is any disability which limits the physical function of limbs or fine or gross motor ability.

Interview for Ideas in the Classroom

Teacher's years of Experience: Eighteen

This teacher just last year had a student in her classroom with a physical impairment that only allowed him little to no use of his limbs. He was confined to a wheel chair and had a full time aid throughout the entire school day. These are some of her accommodations and modification she implemented in her classroom.

- Allow optimal time for transitions between subjects
 - Assign lunch and recess buddies
 - Keep the aid aware of activities for the day so they can plan appropriately
 - Learn as much about the disability as possible
 - Provide enough space for the student to maneuver throughout the room
 - Reduce length of assignments if needed
 - Provide time for the student to interact socially with his peers
 - Always keep the student involved in all activities
-

Additional Information

Cause:

Some major causes of physical impairments include:

Arthritis
Cerebral Palsy
Spinal Cord Injury
Head Injury
Stroke
Parkinson's Disease
Multiple Sclerosis
ALS (Lou Gehrig's Disease)
Muscular Dystrophy

In the School:

- Create a safe environment.
- Make material and play areas accessible.
- Arrange environment so that children with ALL kinds of abilities can explore and play with the things provided.
- Create an environment that allows every child to be as independent as possible.
- Change rules when necessary.
- Give students an opportunity to express their concerns about physical differences.
- Remember teachers are role models.

Tips for Teachers:

- Provide adapted grip for crayon, marker, pencil, or pen.
- Provide adaptive paper (bold line, raised line, enlarged spacing, and graph paper for recording math work).
- Have clipboards or non-slip writing surface to stabilize paper.
- Make sure computer has adaptations which include: key repeat rate adjustment, enlarged keyboard, touch screen or on screen keyboard, and voice dictation software.
- Modify the display through colored acetate overlay for maximizing foreground-background contrast.
- Enlarge the print on the page
- Provide a talking hand-held spell checker or dictionary for identifying unknown words.

The names of agencies and organization that would be beneficial to contact when questions or concerns arise:

Christopher and Dana Reeve Paralysis Resource Center
1 (800) 539-7309

Courage Center
1 (800) 846-8253

National Limb and Loss Information Center
1 (888) 267-5669

Pathways Awareness Foundation
1 (800) 955-2445

References:

Greenstein, Ph. D., Doreen. (1998). Caring for children with Special Needs. *Physical Differences and Impairments*, 1-5, Retrieved October 9,2005, from
http://www.ces.ncsu.edu/depts/fcs/humanlpubs/lnc_15.html.

Novak, Mark. (1996). *Accessibility Awareness*, 1-3, Retrieved October 30,2005, from
<http://trace.wisc.edu/docs/lxwinawareness/lxaware.htm>.

Schrenko, Linda C. (2002). Georgia Department of Education *General Accommodations for students with Physical Impairments*, 1, Retrieved September 27,2005, from
<http://www.glc.k12.ga.us/passwd/ltrc/ttools/attach/accomm/physimp.pdf>

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Definition:

IDEA states: Traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psycho-social behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. (34 Code of Federal Regulations 5300.7 @ (12»

Interview for Ideas in the Classroom
Teacher's years of Experience: Fifteen

Below are the suggestions this teacher has given to me about her experiences with having students in her classroom with Traumatic Brain Injury (TBI):

- Frequently monitor and assess educational needs
- Provide extra time on tests and assignments
- Rest periods if needed to compensate for cognitive fatigue
- No contact sports
- Content material presented in morning
- Reinterpretation of directions
- Enlarged materials
- Line marker used for reading
- Minimize background noise
- Use multiple choice with correct answer present

Additional Information

Cause:

Traumatic Brain Injury (TBI) is an injury to the brain caused by the head being hit by something or shaken violently. This injury can change how the person acts, moves, and thinks. The term TBI is used for head injuries that can cause changes in one or more areas, such as: thinking and reasoning, understanding words, remembering things, paying attention, solving problems, thinking abstractly, talking, behaving, walking and other physical activities, seeing and/or hearing, and learning.

In the School:

Although TBI is very common, many medical and educational professionals may not realize that some difficulties can be caused by a childhood brain injury. Often, students with TBI are thought to have a learning disability, emotional disturbance, or mental retardation. As a result, they do not receive the type of educational help and support they really need.

When children with TBI return to school, their educational and emotional needs are often very different than before the injury. Their disability has happened suddenly and traumatically. They can often remember how they were before the brain injury. This can bring on many emotional and social changes. The child's family, friends, and teachers also may recall what the child was like before the injury. These other people in the child's life may have trouble changing or adjusting their expectations of the child.

Therefore, it is extremely important to plan carefully for the child's return to school. Parents will want to find out ahead of time about special education services at the school. This information is usually available from the school's principal or special education teacher. The school will need to evaluate the child thoroughly. This evaluation will let the school and parents know what the student's educational needs are at that time. The school and parents will then develop an Individualized Education Program (IEP) that addresses those educational needs.

Tips for teachers:

- Find out as much about the child's injury and his or her present needs. See Resources below.
- Give the student more time to finish school work and test.
- Give directions one step at a time. For tasks with many steps, it helps to give the student written directions.
- Show the student how to perform new tasks. Give examples to go , with new ideas and concepts.
- Have consistent routines. This helps the student know what to expect. If the routine is going to change, let the student know ahead of time.
- Check to make sure that the student has actually learned the new skill. Give the students lots of opportunities to practice the new skill.
- Show the student how to use an assignment book and daily schedule. The help the student to get organized.
- Realize that the student may get tired quickly. Let the student rest as needed.
- Reduce distractions.
- Keep in touch with the student's parents. Share information about how the student is doing at home and at school.
- Be flexible about expectations. Be patient. Maximize the student's chances for success.

The names of agencies and organization that would be beneficial to contact when questions or concerns arise:

Brain Injury Association (formerly the National Resource Center)
111Michigan Avenue N.W.
Washington, DC 20010
Phone: (202) 884-4927
E-mail: information@emscnrc.com
Web: www.ems-c.org/

Head Injury Hotline
212 Pioneer Building
Seattle, WA 98104-2221
Phone: (206) 621-8558
E-mail: brain@headiniury.com
Web: www.headinjury.com

Family Voices
3411 Candelarea NE, Suite M
Albuquerque, NM 87107
Phone: (505) 872-4774
Toll Free: (888) 835-5669
E-mail: kidshealth@familyvoices.org
Web: www.familyvoices.org

References:

Tyler, Janet. (2000). TBI Challenge! Teaching *Strategies for Students with Brain*

Injuries, 1-3, Retrieved October 2,2005, from www.biausa.org

Academy for Education Development and the Office of Special Education Programs for

the U.S. Department of Education. (2004). TBL *NICHCY*, 1-8, Retrieved

October 2,2005, from <http://nichcy.org>

VISIBILITY

Definition:

Visual impairments can be described in educational contexts as partially sighted, low vision, legally blind, and totally blind. They are defined as follows:

- *Partially sighted* indicates some type of visual problem has resulted in a need for special education.
- *Low vision* generally refers to a severe visual impairment, not necessarily limited to distance vision. Low vision applies to all individuals with sight who are unable to read the newspaper at a normal viewing distance, even with the aid of eyeglasses or contact lenses. They may require adaptations in lighting or the size of print, and sometimes Braille.
- *Legally blind* indicates that a person has less than 20/200 vision in the better eye or a very limited field of vision (20 degrees at its widest point).
- *Totally blind* students learn via Braille or other non-visual media.

Interview for ideas in the classroom

Teacher's Years of Experience: Fifteen

This teacher has taught Early Childhood Special Education for preschoolers. During one of her years of experience she worked with a student that was blind with cerebral palsy. These are accommodations and modifications she offered for students with vision impairments in general education classroom:

- Outline shapes and items to color in hot glue
- Use a light box to see shapes and try to identify colors

- Play games using verbal cues for the student to "find us" in the classroom
- Provide and have adaptive material available
- Reduce length and/or number of assignments
- Provide extra time to complete assignments
- Have available special vision equipment: magnifiers, CCTVs, computers, and talking software to name a few.
- Allow experiences to improve socialization skills with peers
- Orientation and mobility training
- Seat the student in a place that best benefits their needs

TIP! I have a nephew with a vision impairment and I have found these children tend to be very loving. They strive for your attention. They also tend to be louder while talking. Echolalia (repeating) is common, but was worked on as a teacher. They also have a great memory and will discuss the same situation each time they see you.

Additional Information

Cause:

Visual impairment is the consequence of a functional loss of vision, rather than the eye disorder itself. Eye disorders which can lead to visual impairments can include retinal degeneration, albinism, cataracts, glaucoma, muscular problems that result in visual disturbances, corneal disorders, diabetic retinopathy, congenital disorders, and infection.

In the Classroom:

Children with visual impairments should be assessed early to benefit from early intervention programs, when applicable. Technology in the form of computers and low-vision optical and video aids enable many partially sighted, low vision, and blind children to participate in regular class activities. Large print materials, books on tape, and Braille books are available.

Students with visual impairments may need additional help with special equipment and modifications in the regular curriculum to emphasize listening skills, communication, orientation and mobility, vocation/career options, and

daily living skills. Students with low vision or those who are legally blind may need help in using their residual vision more efficiently and in working with special aids and material. Students who have visual impairments combined with other types of disabilities have a greater need for an interdisciplinary approach and may require greater emphasis on self care and daily living skills.

Tips for teachers:

During Planning:

- An individual education plan (IEP) is normally developed on an annual basis by the student's educational team and is reviewed regularly.
- Handouts and reading assignments: For students who need their material Brailled, enlarged, or taped it may be important to furnish the vision resource teacher or Brailist with a copy several days in advance.
- Texts and novels: Students may need books enlarged, taped or Brailled. They are available with ordering approximately one month in advance.
- Buddy system: Copying from the board, reading small print and collaborating in labs are examples of ways buddies can be very useful. You may find opportunities for the student with visual impairment to provide assistance to other students in the school in areas of his/her strength.

Instruction:

- Talk while teaching: Students with visual impairments miss most visual cues and many written instructions. Consider talking through classroom activities, for example, describing non-verbal messages and responses, introducing beginnings, transitions, closures to all activities, announcing assignments, and naming speakers.
- Real-life examples and concrete material can assist in establishing relationships between abstract learning and the child's experience. Consider the use of "hands-on" material where possible, to provide opportunities for kinesthetic and tactile learning.

- Individual explanation: You may find the student with a visual impairment needs a little additional explanation. When the class begins a task it may be useful to check with the student to ensure comprehension.
- "Tell me what you see." To check whether or not the student can see specific visual material it is advisable not to say "Can you see...?" The student may pretend to see or assume that they do.
- "How does this relate to what you know?" You may need to assist the student to organize thoughts and make connections between learning experiences.

Assessment

- More Time? Fewer Questions? A vision loss results in students taking longer to complete assignments than their classmates. To demonstrate their grasp of the topic they may need longer working time or less written work on tests. You may wish to consider verbal tests or the use of a reader or a scribe in some circumstances.

The names of agencies and organization that would be beneficial to contact when questions or concerns arise:

American Foundation for the Blind
 11 Penn Plaza, Suite 300
 New York, NY 10001
 Phone: (800) 232-5463 (Hotline)
 For publications, call: (800) 232-3044
 E-mail: afbinfo@afb.net
 Web: www.afb.org

American Council of the Blind
 1155 15th St. N.W., Suite 1004
 Washington, D.C. 20005
 Phone: (202) 467-5081

Toll Free: (800) 424-8666

E-mail: info@acb.org

Web: www.acb.org

Blind Children's Center

4120 Marathon Street

Los Angeles, CA 90029-0159

Phone:(323) 664-2153

Toll Free: (800) 222-3566

E-mail: info@blindchildrenscenter.org

Web: www.blindchildrenscenter.org

National Association for Parents of the Visually Impaired, Inc.

P.O. Box 317

Watertown, MA 02472-0317

Phone:(617) 972-7441

Toll Free: (800) 562-6265

E-mail: napvi@perkins.org

Web: www.napvi.org

References:

Academy for Education Development and the Office of Special Education Programs for the U.S. Department of Education. (2004). Vision Impairments. *NICHCY*, 1-5, Retrieved October 2, 2005, from <http://nichcy.org>

American Foundation for the Blind. (2005). Elementary School Years, 1-4, Retrieved October 2, 2004, from <http://www.atb.org>

Special Education. (2001). Students with Visual Impairments, 1, Retrieved October 24, 2005, from <http://www.bced.gov>
